

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	10/553,462-Conf. #8934
	Filing Date	April 17, 2004
	First Named Inventor	Makrina D. Savvidou
	Art Unit	1614
	Examiner Name	Not Yet Assigned
	Attorney Docket No.	54111/HO-P03236US0-10511039

Please change the Correspondence Address for the above-identified application to:

☒ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone				Email	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

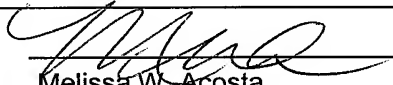
☐ Applicant/Inventor

☐ Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number 45,872 .

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____ .

Signature		
Typed or Printed Name	Melissa W. Acosta	
Date	May 23, 2007	Telephone (214) 855-7163

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/> *Total of <u>1</u> forms are submitted.
--